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000466 7590 05/25/2004

YOUNG & THOMPSON
 745 SOUTH 23RD STREET 2ND FLOOR
 ARLINGTON, VA 22202



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| |
|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/700,453 | 11/05/2003 | Carlo Ascari | 2501-1008 | 6378 |

TITLE OF INVENTION: MACHINE FOR THE INDUSTRIAL PEELING OF CITRUS FRUITS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$300 | \$965 | 08/25/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| SIMONE, TIMOTHY F | 1761 | 099-489000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 YOUNG & THOMPSON

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ABL s.r.l.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cavezzo (MO), Italy

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 25-0120 (if necessary) (enclose an extra copy of this form).

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(Authorized Signature)

Benoit CASTEL

(Date)

Benoit CASTEL, #35,041

August 24, 2004

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08/25/2004 AADDF02 00000124 10700453

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02 FC:1504665.00 OP
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